

STATE OF WASHINGTON? DIPARTMENT OF SOCIAL AND HEALTH SERVICES OFFICE OF SUPPORTENFORCEMENT (OSE)

FILED FOR RECORD SKAHANIA CO. WASH BY DSHS

RELEASE - PARTIAL RELEASE OF LIEN

FEB 3 12 05 PH 194
AUDITOR O
GARY H. OLSON

118664

BOOK 141 PAGE 273

IO: SKAMANIA COUNTY

	ffice of Support Enforcement (OSE) fi		unty Auditor, Skama	nia	· · · · · · · · · · · · · · · · · · ·
Count	y, Washington. The lien was filed on	August 13, 1993	- +	(Λ)	:
	en is under the name Denis G. Hat			date <u>05/21/56</u>	·
and so	ocial security number	The recording nu	unber is 117007		
X	OSE releases the lien in full.				
	OSE releases a portion of the lien.	The part that is releas	ed applies to the fol	lowing property:	
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1, <u>S.</u>	Mégillis	completed	d this form for OSE.		
	ary: 28, 1994			lo .	· · ·
Date		ř.	Authorized Representa OFFICE OF SUPPORT I		
State.	of Washington		(N.		-
	ty of Check		\	- P	ŧ
Leert	ify that I know or have evidence that	S. Maci	His	is the person wl	10
appe	ared before me. The person acknowl	edged signing this ins	trument.		± 4
Date	1-31-94	Carrier	Suran	a tree	<u></u>
H voi	r have questions, contact:	0,	Signature		.
OFFI	CE OF SUPPORT ENFORCEMENT		; Nota	Щ	
	W 39th ST Box 4269		My appointment •	**************************************	6
Vano	couver WA 38662-9269				
· 1 -	6) 596-6391/TDD 690-4633	25	,	<u> </u>	egistered 0
an re	ply, refer to: 	*********	· • • .	~**	dexed, the b
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